

Historical Indirect Rates				
For each indirect rate element used in development of the estimated cost/price, provide the actual historical rates realized from 2016 to 2018, including the actual historical amounts for the applicable Pool and Base. Additionally, provide the actual historical amounts realized for Revenue and Total Direct Labor for the applicable cost center.				
Historical Period		2016	2017	2018
Revenue		[insert applicable \$ amount realized]	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]
Total Direct Labor		[insert applicable \$ amount realized]	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]
[Insert Indirect Rate Element]	Pool	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]
	Base	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]
	Rate	[Pool / Base in %]	[Pool / Base in %]	[Pool / Base in %]
[Insert Indirect Rate Element]	Pool	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]
	Base	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]	[insert applicable \$ amount realized]
	Rate	[Pool / Base in %]	[Pool / Base in %]	[Pool / Base in %]
[Insert additional rows for each Historical Indirect Rate Element]				

Proposed Indirect Rates					
For each indirect rate element used in development of the estimated cost/price, provide the Proposed Indirect Rate for each period.					
All costs shall be fully supported by the narrative in the Cost/Price Supporting Documentation.					
Period of Performance	Base Period	First Option Period	Second Option Period	Third Option Period	Fourth Option Period
[Insert Proposed Rate Element]	[insert proposed rate % for period]	[insert proposed rate % for period]	[insert proposed rate % for period]	[insert proposed rate % for period]	[insert proposed rate % for period]
[Insert Proposed Rate Element]	[insert proposed rate % for period]	[insert proposed rate % for period]	[insert proposed rate % for period]	[insert proposed rate % for period]	[insert proposed rate % for period]
[Insert additional rows, as needed]	[insert proposed rate % for period]	[insert proposed rate % for period]	[insert proposed rate % for period]	[insert proposed rate % for period]	[insert proposed rate % for period]

Cost Reimbursement (CR) CLINs						
Costs incurred may be burdened with the contractor's indirect/material handling rate in accordance with TOR Section B.5.2.						
All costs shall be fully supported by the narrative in the Cost/Price Supporting Documentation.						
CLIN	Description	Base Period	First Option Period	Second Option Period	Third Option Period	Fourth Option Period
X002	CR Long-Distance Travel	[insert rate %]	[insert rate %]	[insert rate %]	[insert rate %]	[insert rate %]
X003	CR Equipment and Material	[insert rate %]	[insert rate %]	[insert rate %]	[insert rate %]	[insert rate %]
X004	CR Other Direct Costs (ODCs)	[insert rate %]	[insert rate %]	[insert rate %]	[insert rate %]	[insert rate %]

SUPPLIES OR SERVICES AND PRICES/COSTS										
In accordance with TOR Section L.5.2.2 (Tab G), provide a summary total for each element of cost (e.g., direct labor, overhead, fringe, General and Administrative (G&A), Facilities Capital Cost of Money (FCCM), fee, etc.).										
CLIN	Direct Labor Dollars	Labor Overhead	Subcontract Dollars	Material Handling	G&A	Fringe	FCCM	Total Cost	Fee	Total Price
0001										\$ -
1001										\$ -
2001										\$ -
3001										
4001										
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

SUBCONTRACTOR SUPPORTING DOCUMENTATION										
In accordance with TOR Section L.5.2.4 (Tab I), provide the proposed contract type of each subcontract, the total value of each proposed subcontract, as well as a breakdown of the total cost by task.										
	(Subcontractor Name)	(Subcontractor Name)	(Subcontractor Name)	(Subcontractor Name)	(Subcontractor Name)	(Subcontractor Name)				
	(Proposed Contract Type)	(Proposed Contract Type)	(Proposed Contract Type)	(Proposed Contract Type)	(Proposed Contract Type)	(Proposed Contract Type)				
BASE PERIOD										Total Price
TASK 1										\$ -
TASK 2										\$ -
TASK 3										\$ -
TASK 4										\$ -
TASK 5										\$ -
TASK 6										\$ -
TASK 7										\$ -
TASK 8										\$ -
TASK 9										\$ -
Base Period Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FIRST OPTION PERIOD										
TASK 1										\$ -
TASK 2										\$ -
TASK 3										\$ -
TASK 4										\$ -
TASK 5										\$ -
TASK 6										\$ -
TASK 7										\$ -
TASK 8										\$ -
TASK 9										\$ -
First Option Period Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SECOND OPTION PERIOD										
TASK 1										\$ -
TASK 2										\$ -
TASK 3										\$ -
TASK 4										\$ -
TASK 5										\$ -
TASK 6										\$ -
TASK 7										\$ -
TASK 8										\$ -
TASK 9										\$ -
Second Option Period Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
THIRD OPTION PERIOD										
TASK 1										\$ -
TASK 2										\$ -
TASK 3										
TASK 4										
TASK 5										
TASK 6										
TASK 7										
TASK 8										\$ -
TASK 9										\$ -
Third Option Period Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -
FOURTH OPTION PERIOD										
TASK 1										\$ -
TASK 2										\$ -
TASK 3										\$ -
TASK 4										\$ -
TASK 5										\$ -
TASK 6										\$ -
TASK 7										\$ -
TASK 8										\$ -
TASK 9										\$ -
Fourth Option Period Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL PROPOSED SUBCONTRACT VALUE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -
% OF TOTAL CONTRACT VALUE	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!				#DIV/0!

Labor CLIN Summary				
Base Period				
A	B	C	D	E
Task Area	Total hours	Total Estimated Cost	Award Fee Amount	Total Estimated Cost-Plus-Award-Fee (CPAF)
1	Insert total hours per task area for labor.	Insert proposed total estimated cost per task area for labor.	Insert proposed total Award Fee Amount.	Insert proposed total estimated CPAF for labor. (Sum of Columns C and D)
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
Labor Total:	0	\$ -	\$ -	\$ -

Number of hours in a Man-Year:	
---------------------------------------	--

[illegible]

M	N	O	P	Q	R	S	T
Rate Buildup (Direct Labor plus all applicable loads)	Proposed Fully Burdened Labor Rate	Total hours for Task X	Extended Value	Award Fee Percentage (%)	Award Fee Amount (\$)	Total Estimated Cost	Notes
The offeror shall insert new columns as appropriate to completely show all applicable loads and the cost buildup. The offeror shall ensure all loads are clearly labeled. It shall be clear how the offeror progressed from the Proposed Direct Labor Rate to the Proposed Fully Burdened Rate.	Insert the proposed fully burdened labor rate.	Insert total hours.	#VALUE!		#VALUE!	#VALUE!	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
	Total hours for Task X, Total Extended Value for Task X, Award Fee, and Total Estimated Cost:	Insert Total Hours	Insert Total Extended Value	Insert Award Fee Percentage	Insert Award Fee Amount for this Task Area	Insert Total Extended Value plus Award Fee Amount for this Task Area	

Labor CLIN Summary				
First Option Period				
A	B	C	D	E
Task Area	Total hours	Total Estimated Cost	Award Fee Amount	Total Estimated Cost-Plus-Award-Fee (CPAF)
1	Insert total hours per task area for labor.	Insert proposed total estimated cost per task area for labor.	Insert proposed total Award Fee Amount.	Insert proposed total estimated CPAF for labor. (Sum of Columns C and D)
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -

[illegible]

M	N	O	P	Q	R	S	T
Rate Buildup (Direct Labor plus all applicable loads)	Proposed Fully Burdened Labor Rate	Total hours for Task X	Extended Value	Award Fee Percentage (%)	Award Fee Amount (\$)	Total Estimated Cost	Notes
The offeror shall insert new columns as appropriate to completely show all applicable loads and the cost buildup. The offeror shall ensure all loads are clearly labeled. It shall be clear how the offeror progressed from the Proposed Direct Labor Rate to the Proposed Fully Burdened Rate.	Insert the proposed fully burdened labor rate.	Insert total hours.	#VALUE!		#VALUE!	#VALUE!	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
	Total hours for Task X, Total Extended Value for Task X, Award Fee, and Total Estimated Cost:	Insert Total Hours	Insert Total Extended Value	Insert Award Fee Percentage	Insert Award Fee Amount for this Task Area	Insert Total Extended Value plus Award Fee Amount for this Task Area	

Labor CLIN Summary				
Second Option Period				
A	B	C	D	E
Task Area	Total hours	Total Estimated Cost	Award Fee Amount	Total Estimated Cost-Plus-Award-Fee (CPAF)
1	Insert total hours per task area for labor.	Insert proposed total estimated cost per task area for labor.	Insert proposed total Award Fee Amount.	Insert proposed total estimated CPAF for labor. (Sum of Columns C and D)
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -

[illegible]

M	N	O	P	Q	R	S	T
Rate Buildup (Direct Labor plus all applicable loads)	Proposed Fully Burdened Labor Rate	Total hours for Task X	Extended Value	Award Fee Percentage (%)	Award Fee Amount (\$)	Total Estimated Cost	Notes
The offeror shall insert new columns as appropriate to completely show all applicable loads and the cost buildup. The offeror shall ensure all loads are clearly labeled. It shall be clear how the offeror progressed from the Proposed Direct Labor Rate to the Proposed Fully Burdened Rate.	Insert the proposed fully burdened labor rate.	Insert total hours.	#VALUE!		#VALUE!	#VALUE!	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
	Total hours for Task X, Total Extended Value for Task X, Award Fee, and Total Estimated Cost:	Insert Total Hours	Insert Total Extended Value	Insert Award Fee Percentage	Insert Award Fee Amount for this Task Area	Insert Total Extended Value plus Award Fee Amount for this Task Area	

Labor CLIN Summary				
Third Option Period				
A	B	C	D	E
Task Area	Total hours	Total Estimated Cost	Award Fee Amount	Total Estimated Cost-Plus-Award-Fee (CPAF)
1	Insert total hours per task area for labor.	Insert proposed total estimated cost per task area for labor.	Insert proposed total Award Fee Amount.	Insert proposed total estimated CPAF for labor. (Sum of Columns C and D)
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -

[illegible]

M	N	O	P	Q	R	S	T
Rate Buildup (Direct Labor plus all applicable loads)	Proposed Fully Burdened Labor Rate	Total hours for Task X	Extended Value	Award Fee Percentage (%)	Award Fee Amount (\$)	Total Estimated Cost	Notes
The offeror shall insert new columns as appropriate to completely show all applicable loads and the cost buildup. The offeror shall ensure all loads are clearly labeled. It shall be clear how the offeror progressed from the Proposed Direct Labor Rate to the Proposed Fully Burdened Rate.	Insert the proposed fully burdened labor rate.	Insert total hours.	#VALUE!		#VALUE!	#VALUE!	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
	Total hours for Task X, Total Extended Value for Task X, Award Fee, and Total Estimated Cost:	Insert Total Hours	Insert Total Extended Value	Insert Award Fee Percentage	Insert Award Fee Amount for this Task Area	Insert Total Extended Value plus Award Fee Amount for this Task Area	

Labor CLIN Summary				
Fourth Option Period				
A	B	C	D	E
Task Area	Total hours	Total Estimated Cost	Award Fee Amount	Total Estimated Cost-Plus-Award-Fee (CPAF)
1	Insert total hours per task area for labor.	Insert proposed total estimated cost per task area for labor.	Insert proposed total Award Fee Amount.	Insert proposed total estimated CPAF for labor. (Sum of Columns C and D)
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -

[illegible]

M	N	O	P	Q	R	S	T
Rate Buildup (Direct Labor plus all applicable loads)	Proposed Fully Burdened Labor Rate	Total hours for Task X	Extended Value	Award Fee Percentage (%)	Award Fee Amount (\$)	Total Estimated Cost	Notes
The offeror shall insert new columns as appropriate to completely show all applicable loads and the cost buildup. The offeror shall ensure all loads are clearly labeled. It shall be clear how the offeror progressed from the Proposed Direct Labor Rate to the Proposed Fully Burdened Rate.	Insert the proposed fully burdened labor rate.	Insert total hours.	#VALUE!		#VALUE!	#VALUE!	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
			\$ -		\$ -	\$ -	
	Total hours for Task X, Total Extended Value for Task X, Award Fee, and Total Estimated Cost:	Insert Total Hours	Insert Total Extended Value	Insert Award Fee Percentage	Insert Award Fee Amount for this Task Area	Insert Total Extended Value plus Award Fee Amount for this Task Area	



Questions and Answers Template
AMENDMENT 1

Solicitation Number: GSC-QF0B-18-33231

Note to offerors: Please provide the specific paragraph reference using the Section/sub-Section numbers in the solicitation.

QUESTION#	PART #	PARAGRAPH #	PARAGRAPH TITLE	QUESTION	GOVERNMENT RESPONSE
1	2	L.5.2.2	Section B – Supplies or Services and Prices/Costs (Tab G)	In Attachment W – Cost Worksheet Template, on all the labor CLIN Summary tabs, the totals on Row 14 only include rows 5 through 8. Should this be rows 5 through 13?	Yes, Attachment W – Cost Worksheet Template should include rows 5 through 13 in total row 14 for all labor CLIN Summary tabs. See Amendment 1.
2		H.3	H.3 KEY PERSONNEL	Would the Government consider five additional Key Personnel?	No, the requirement is as stated. The Government will only evaluate up to three additional Key Personnel, if proposed by an offeror.

SOLICITATION, OFFER AND AWARD			1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		▶	RATING	PAGE	OF	PAGES
2. CONTRACT NUMBER		3. SOLICITATION NUMBER		4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)		5. DATE ISSUED		6. REQUISITION/PURCHASE NUMBER	
7. ISSUED BY			CODE	8. ADDRESS OFFER TO (If other than item 7)					

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION			
9. Sealed offers in original and _____ copies for furnishings the supplies or services in the Schedule will be received at the place specified in item 8, or if hand carried, in the depository located in _____ until _____ local time _____ (Hour) _____ (Date)			
CAUTION - LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.			
10. FOR INFORMATION CALL: ▶	A. NAME		B. TELEPHONE (NO COLLECT CALLS)
			AREA CODE NUMBER EXTENSION
C. E-MAIL ADDRESS			

11. TABLE OF CONTENTS							
(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
	A	SOLICITATION/CONTRACT FORM			I	CONTRACT CLAUSES	
	B	SUPPLIES OR SERVICES AND PRICES/COSTS		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS	
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
	E	INSPECTION AND ACCEPTANCE			K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
	F	DELIVERIES OR PERFORMANCE					
	G	CONTRACT ADMINISTRATION DATA			L	INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS	
	H	SPECIAL CONTRACT REQUIREMENTS			M	EVALUATION FACTORS FOR AWARD	

OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232-8) ▶	10 CALENDAR DAYS (%)	20 CALENDAR DAYS (%)	30 CALENDAR DAYS (%)	CALENDAR DAYS(%)
14. ACKNOWLEDGMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

15A. NAME AND ADDRESS OF OFFER-OR	CODE	FACILITY	16. NAME AND THE TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)	
15B. TELEPHONE NUMBER		<input type="checkbox"/> 15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.	17. SIGNATURE	18. OFFER DATE
AREA CODE	NUMBER EXTENSION			

AWARD (To be completed by Government)			
19. ACCEPTED AS TO ITEMS NUMBERED		20. AMOUNT	21. ACCOUNTING AND APPROPRIATION
22. AUTHORITY FOR USING OTHER THAN FULL OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) <input type="checkbox"/> 41 U.S.C. 3304(a) ()		23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified) ▶ ITEM	
24. ADMINISTERED BY (If other than Item 7)		25. PAYMENT WILL BE MADE BY CODE	
26. NAME OF CONTRACTING OFFICER (Type or print)		27. UNITED STATES OF AMERICA (Signature of Contracting Officer)	
		28. AWARD DATE	